

UNITED STATES DISTRICT COURT

District of _____

Mr. J. T. Glover

v.

SUMMONS IN A CIVIL CASE

03 CV 11633 DPW

Monrissett et al
Massachusetts Dept. of Mental Retardation

CASE NUMBER:

TO: (Name and address of Defendant)

Ms. Pamela Nicholson - DMR
500 HARRISON AVE
Boston, MA 02118

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Mr. J. T. Glover
46 Quincy St #5
North Adams, MA 01247
413-664-9093

an answer to the complaint which is herewith served upon you, within 60 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.



TONY ANASTAS

CLERK

SEP 02 2003

DATE

(By) DEPUTY CLERK



Suffolk County Sheriff's Department • 45 Bromfield Street • Boston, MA 02108 • (617) 989-6999
Suffolk, ss.

October 1, 2003
I hereby certify and return that on 09/29/03 at 2:40pm I served a true and attested copy of the Summons and Complaint in this action in the following manner: To wit, by delivering in hand to Kim LaDue, Attorney, agent, person in charge at the time of service for Nicholson, Pamela, Ms. -DMR, C/O Dept of Mental Retardation, 500 Harrison Avenue, Boston, MA. Fees: Service \$35.00, Attest \$5.00, P&H \$1.00, Total Fees \$41.00

Deputy Sheriff Melvin M. Toon

Melvin M Toon
Deputy Sheriff

☐ Other (specify): _____

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____

Date

Signature of Server

Address of Server

324061